

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH  
WALTER M. DICKIE, M.D., Director

Weekly Bulletin



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GUY P. JONES  
EDITOR

PALO ALTO HEALTH DEPARTMENT ISSUES REPORT FOR 1928

The city of Palo Alto has maintained a full-time health department for almost twenty-five years, the appearance of a disastrous milk-borne typhoid fever epidemic in the community having led to the organization of the department in 1905. The results achieved by this unit are so conspicuous and outstanding that they are worthy of being broadcasted.

The accompanying chart, which was printed in the City Health Department report for 1928, indicates the divergence between the state death rates for preventable diseases and the Palo Alto death rates for preventable diseases. A study of the graph presented here provides the best possible answer to the question "Does it pay to spend money for public health?" By "preventable causes of death" is meant those which, with our present knowledge of public health, are amenable to sanitary control.\*

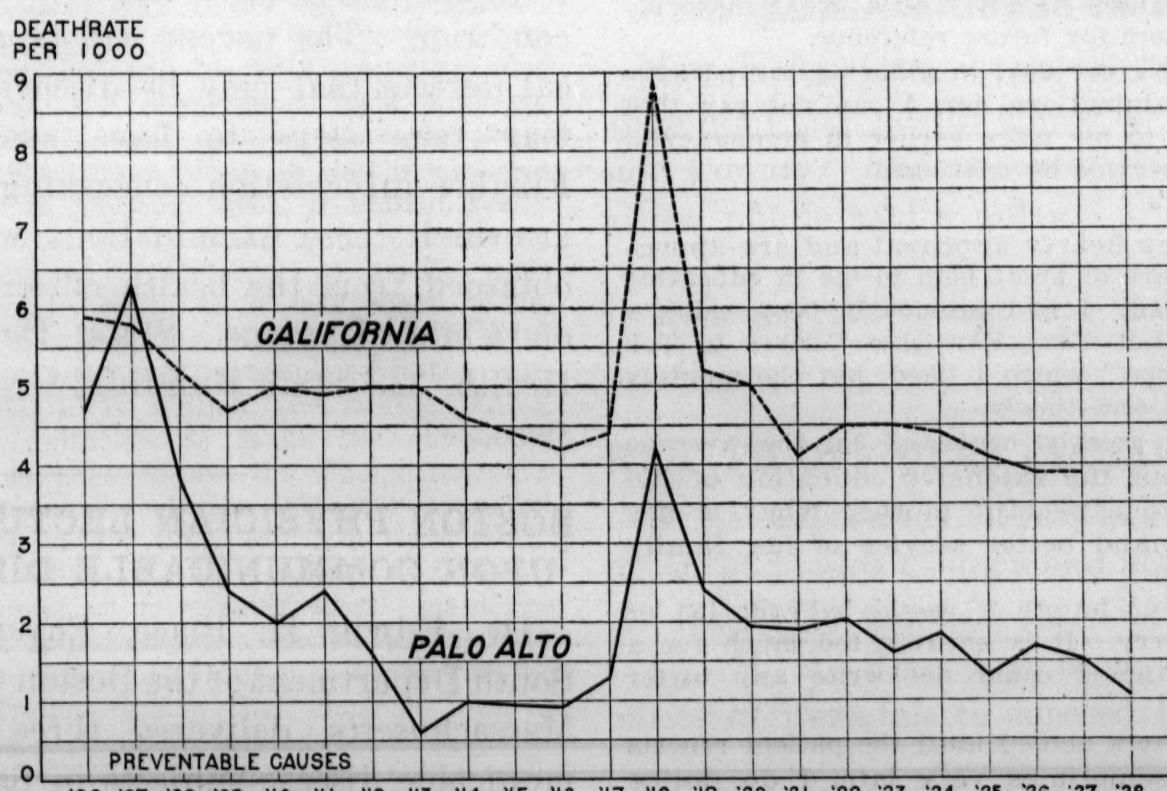
At the end of 1927 there were seven known tuberculosis cases in Palo Alto. Eight new cases were

reported during the year. One of these patients left the city and could not be located. Four died and at the end of 1928 there were but ten known cases within the city. No cases of epidemic poliomyelitis, smallpox or typhoid fever occurred in Palo Alto in 1928. The estimated population of the city is 12,500.

The Palo Alto Health Department had an appro-

priation of \$12,387 for the year 1928, which represented a per capita appropriation of 99 cents. The department actually expended \$11,061, which represents but 93 cents per capita. The support accorded the department by city authorities has always been whole-hearted and the life-saving results accomplished indicate

the wisdom exercised by the city authorities. School inspection, food and dairy inspection, infant welfare work, laboratory examination of water supplies, educational work and other standard activities in public health administration are maintained continuously. Mr. Louis Olsen is health officer of Palo Alto.



\*Preventable causes of death: Titles 1-42, 54-56, 66-68, 100-101 (excluding pneumonia over 70 years of age), 109 (streptococcal sore throat), 113-116, 121, 143-150, 159, 160-163.

## PHYSICIANS ENDORSE PRENATAL LETTER SERIES

The series of prenatal letters issued by the Bureau of Child Hygiene of the California Department of Public Health are distributed by many physicians to their patients. The bureau also mails the letters, each month, to prospective mothers whose names have been referred by physicians and nurses. More than 20,000 sets of the letters have been distributed and at the present time nearly a thousand prospective mothers are, each month, receiving the practical advice that is so essential for observance. Following are the comments of three practicing physicians upon the value of this service:

I find them of inestimable value, especially so to the young expectant mother.

These expecting mothers are reporting to me earlier since these letters have been distributed among them, and they are mentally better prepared to pass through the ordeal of accouchement.

Prior to these letters being sent out, these expectant mothers received advice from various sources, which were not only of no value to them, but led to dangerous practices.

I believe that these letters are doing considerable good, and will have a tendency to lower the maternal death rate, by reason of the educational value which they convey.

In this district the midwife has practically disappeared. I believe that this can be attributed to the better knowledge which the young mothers are getting through the medium of these letters and the educational articles in the daily press.

Permit me to inform you that the prenatal letters, which I have requested be sent to all my prenatal patients for the past few years, have been of inestimable value in educating my misinformed patients. This teaching of scientific facts in a simple and interesting manner is certainly of great value. All my patients have praised them highly, and a great majority of them have saved the letters for future reference.

The letters have aided a great deal in inducing my patients to return regularly for examinations, but I can not say that they have brought patients to my office earlier in pregnancy.

I am anxious that the service be continued.

The letters meet with my hearty approval and are appreciated by my patients and are of great help to me in educating my patients in prenatal care. I had previously been using a little pamphlet entitled "What Your Physician Wishes to Tell You Before Your Baby Comes," which I liked, but the monthly letters are more impressive and timely.

Prenatal care has been greatly neglected by the average practitioner in the past, but the extensive education of the public will soon teach the expectant mother what is her just due and she will demand better service of her family doctor or go elsewhere.

If I were to criticize your letters it would be your list of essentials for a home delivery. It is entirely too much for a poor family. Other than this I could not write any better letters.

While I can not order letters mailed until the patient reports to engage me, which is sometimes very late, I do notice when she recommends me to others she either brings or sends them earlier to me.

In summing up this report, my patients and I are well pleased with your service, and it is mutually helpful.

"The real wealth of the nation does not consist in its money, in the value of its trade, or in the extent of its dominion. These are valuable only as they help to maintain a population, and not only a part of it, of the right quality; men, women and children possessing bodily vigor, alert mind, firm character, courage and self control."—Sir Arthur Neusholme.

## GOOD EYESIGHT NECESSARY FOR SCHOOL CHILDREN

It is a disagreeable fact, but nevertheless true, that about 10 per cent of all children suffer from some impairment of vision. Unfortunately, defective eyes are frequently not observed by the child's parents. One reason for this lies in the fact that children seldom complain of their eyes, and if the impairment has always been present the child has no way of appreciating perfect vision in other children. If there are any pronounced symptoms of disease, such as inflamed eyelids, watery or other discharges, signs of inflammation, or a tendency to avoid strong light, such defects are quite easily recognized. Complaints of frequent headaches, blurred vision or pain in the eyes, indicate clearly that there may be something wrong with the vision. It is certain that no child can make good progress in school if his eyesight is defective.

The examination of children's eyes forms an important part of the physical examinations of children who will enter school next fall, now being sponsored by the Bureau of Child Hygiene of the California State Department of Public Health and the California Congress of Parents and Teachers.

These examinations are made without cost for any child who is about to enter school and they will include examinations of eyes, ears, nose, throat, posture, nutrition, skin, teeth and general physical condition. The parent will be advised of any physical defects that may be discovered in order that he may take steps to have such defects corrected. Further information concerning the times and places at which these examinations will be given may be obtained from the health officer or from the Bureau of Child Hygiene, State Department of Public Health, 335 State Building, Civic Center, San Francisco.

## BOSTON PHYSICIAN LECTURES IN SAN JOSE UPON COMMUNICABLE DISEASE SUBJECTS

Dr. Edwin H. Place, Physician-in-Chief of the South Department of the Boston City Hospital, Boston, Massachusetts, delivered three lectures upon communicable disease subjects in San Jose on March 12, 14 and 15. These lectures were given under the auspices of the San Jose Hospital Association and were attended by large and interested audiences. Dr. Place's subjects were "Scarlet Fever; Treatment, Management and Prevention," "Knowledge of Contagious Diseases of Importance to the Layman" and "The Contagious Diseases; Consideration of Practical Points in Differential Diagnosis and Treatment."

## TRINITY COUNTY HEALTH OFFICER REAPS RESULTS IN CHRISTMAS GIFT VACCINATIONS

Dr. David B. Fields lives at Weaverville, Trinity County, where he has been county health officer for many years. In 1925 the doctor vaccinated all children in Weaverville and vicinity without charge, making the service a Christmas present to the children of the community. Smallpox has appeared recently in Weaverville, but not one of the recipients of the doctor's Christmas present in 1925 contracted smallpox, although many were exposed to the disease. Dr. Fields is now vaccinating school children, and children of preschool age, including babies, free of cost. Thus the spirit of Christmas persists in Trinity County. What gift to a child could be more worthwhile or of greater lasting value than this provision of protection against a disastrous disease? Dr. Fields vaccinated 463 persons during the recent outbreak of smallpox in Weaverville.

## DRUGGISTS COOPERATE IN MAINTENANCE OF STANDARDS FOR DRUGS

The following from the weekly information letter of the retail druggists' associations of northern California shows the apparent desire of the druggists to comply with the spirit of the law relating to pure drugs:

*Sweet Spirits of Nitre.* The Department of Public Health has been active in taking up samples of this product. Samples 40 per cent below standard have been found on the druggists' shelves. The department appreciates the fact that sweet spirits of nitre is not a preparation that will keep its strength under all conditions. Nevertheless, the department feels, and we must acknowledge the justice of their opinion, that the pharmacist is a trained, competent person; that he should use care in making preparations or in keeping them, if bought ready made. We suggest that our members observe the caution on page 349 of the Pharmacopoeia: "Preserve in small, well-stoppered, dark amber-colored bottles in a cool, dark place, remote from fire." If our members buy the concentrated solution of ethyl nitrite to be diluted with alcohol, both the concentrate and the alcohol should be chilled, the mixing taking place with just sufficient agitation to make the completed product a uniform mixture; then follow the Pharmacopoeia's caution on bottling and the stock solution left over be cared for as a special preparation rather than left in a shelf bottle where it may decompose rapidly. We also suggest that preparations of this type be bought in reasonably small quantities and, if the finished product is purchased, a local manufacturer be patronized, inasmuch as shipments from a distance may be exposed to heat during transportation and show a loss of ethyl nitrite upon analysis. Members buying other preparations, such as camphorated oil, elixir iron, quinine and strychnine, etc., that are taken up by the Department of Public Health, should be able to identify the product taken by the inspector as to invoice and guarantee furnished by the manufacturer. This identification is a protection to every retailer in case he is cited to appear and explain why his product is not according to official standards."

"If we could grapple with the whole child situation for one generation, our public health, our economic efficiency, the moral character, sanity and stability of our people would advance three generations in one."—Herbert Hoover.

## COAST HEALTH OFFICIALS HOLD REGIONAL CONFERENCE AT SALINAS

Officials representing the individual city and county health departments of Santa Barbara, the combined city and county departments of San Luis Obispo, the county department of Santa Cruz, the city department of Salinas and the county department of Monterey, gathered in Salinas, Saturday, March 16th, in the city hall for a "round table" session that opened at 9.30 and continued until 4. The meeting was called by city health officer S. F. Butler, of Salinas, who also presided as chairman.

There were 22 present at the gathering, a number of the health officers being accompanied by members of their respective staffs.

The principal address was delivered by Dr. W. H. Kellogg, M.D., of Berkeley, director of the bacteriological laboratory of the State Department of Public Health. Dr. Kellogg's subject was "Epidemic Meningitis."

Other topics considered and discussed by the health officers were administration, vital statistics, communicable diseases, welfare sanitation, laboratory, and publicity.

This was the third meeting of the health officers' round table. The meetings are held quarterly, rotating among the different cities represented.

## NEW HEALTH OFFICER AT SAN JACINTO

Miss Helen Cass, a public health nurse, has been appointed city health officer of San Jacinto in Riverside County. She succeeds Miss Beaunes Anderson, also a public health nurse.

"Neglected children cost more than well nourished ones to everybody except their immediate parents."—George Bernard Shaw.

## HEALTH OFFICERS RECEIVE APPOINTMENTS

Dr. A. Gibson of Alturas has been appointed health officer of Modoc County and also city health officer of Alturas. He succeeds Dr. W. E. Coppedge.

Dr. H. J. Ring has been appointed city health officer of Ferndale to succeed Dr. F. M. Bruner.

## MORBIDITY \*

### Diphtheria.

58 cases of diphtheria have been reported, as follows: Alameda 2, Oakland 1, Los Angeles County 3, Azusa 1, Culver City 1, Glendale 1, Long Beach 1, Los Angeles 16, Pasadena 2, Whittier 1, South Gate 2, Merced 1, Riverside 7, Colton 1, San Bernardino 1, San Diego 3, San Francisco 9, San Jose 1, Santa Cruz County 1, Stanislaus County 1, Tehama County 1, Ventura County 1.

\* From reports received on March 18th and 19th for week ending March 16th.

**Scarlet Fever.**

507 cases of scarlet fever have been reported, as follows: Alameda 6, Berkeley 5, Oakland 58, Piedmont 2, San Leandro 3, Chico 2, Contra Costa County 2, Pittsburg 3, Walnut Creek 1, Fresno County 3, Fresno 2, Reedley 1, Eureka 2, Kern County 12, Bakersfield 1, Taft 2, Hanford 1, Susanville 3, Los Angeles County 37, Beverly Hills 2, Culver City 4, Glendale 1, Glendora 2, Hermosa 1, Huntington Park 4, Inglewood 5, Long Beach 7, Los Angeles 79, Manhattan 2, Monrovia 2, Pomona 3, Redondo 1, San Fernando 1, Lynwood 1, South Gate 3, Madera County 8, Fort Bragg 1, Gustine 4, Monterey County 2, Monterey 1, Grass Valley 2, Orange County 1, Fullerton 1, Orange 3, Roseville 1, Riverside County 2, Riverside 5, Sacramento County 3, Sacramento 31, Hollister 4, San Bernardino 1, San Diego County 5, La Mesa 2, San Diego 25, San Francisco 64, San Joaquin County 9, Lodi 1, Stockton 12, Santa Clara County 7, Gilroy 9, Palo Alto 1, San Jose 12, Santa Cruz 2, Watsonville 1, Solano County 3, Sonoma County 11, Tulare County 2, Tuolumne County 2, Sonora 1, Ventura County 2, Yolo County 1, Yuba County 1.

**Measles.**

59 cases of measles have been reported, as follows: Alameda 2, Oakland 2, Pittsburg 1, Fresno 1, Eureka 1, Susanville 7, Los Angeles County 1, Azusa 1, Burbank 1, Los Angeles 24, Monrovia 1, Fort McDowell 3, Merced County 1, Salinas 1, Orange County 1, Chula Vista 1, Oceanside 1, San Diego 2, San Francisco 4, Gilroy 1, Palo Alto 1, Vallejo 1.

**Smallpox.**

60 cases of smallpox have been reported, as follows: Alameda County 2, Berkeley 2, Oakland 5, Colusa County 2, Orland 3, Humboldt County 5, Eureka 9, Arcata 2, Tehachapi 1, Long Beach 1, Maywood 1, Sacramento County 1, Sacramento 1, Colton 14, San Francisco 4, Stanislaus County 2, Modesto 1, Newman 1, Tehama County 1, Tulare County 1, Visalia 1.

**Typhoid Fever.**

6 cases of typhoid fever have been reported, as follows: Napa County 1, San Francisco 1, San Joaquin County 1, Stockton 1, California 2.

**Whooping Cough.**

259 cases of whooping cough have been reported, as follows: Berkeley 5, Oakland 14, Piedmont 2, San Leandro 3, Fresno County 1, Orland 1, Hanford 2, Lassen County 3, Susanville 8, Los Angeles County 26, Alhambra 2, Azusa 4, El Monte 1, Glendale 7, Huntington Park 4, Inglewood 2, La Verne 1, Long Beach 2, Los Angeles 32, Montebello 2, Pasadena 5, Pomona 2, Redondo 1, San Gabriel 1, South Gate 1, Monterey Park 4, Madera County 1, Marin County 1, Monterey County 9, Napa County 1, Orange County 7, La Habra 5, Laguna Beach 1, Sacramento County 9, Sacramento 7, San Diego County 10, National City 7, San Diego 9, San Francisco 38, San Joaquin County 5, Lodi 3, Stockton 4, Burlingame 1, San Jose 1, Santa Cruz County 1, Watsonville 1, Tehama County 1, Ojai 1.

**Meningitis (Epidemic).**

20 cases of epidemic meningitis have been reported, as follows: Alameda 1, Oakland 1, Fresno County 4, Los Angeles 7, Sacramento County 3, San Francisco 1, Ventura 1, California 2.

**Poliomyelitis.**

3 cases of poliomyelitis have been reported, as follows: Los Angeles 2, Yolo County 1.

**Encephalitis (Epidemic).**

4 cases of epidemic encephalitis have been reported, as follows: Los Angeles County 1, Los Angeles 1, Orange County 1, San Francisco 1.

**Rabies (Human).**

Los Angeles reported one case of human rabies.

## COMMUNICABLE DISEASE REPORTS

Disease	1929			Reports for week ending Mar. 16 received by Mar. 19	1928			Reports for week ending Mar. 17 received by Mar. 20		
	Week ending				Week ending					
	Feb. 23	Mar. 2	Mar. 9		Feb. 25	Mar. 3	Mar. 10			
Anthrax	0	0	0	0	1	0	0	0		
Botulism	2	0	3	0	0	0	0	0		
Chickenpox	516	663	710	701	572	726	819	859		
Diphtheria	79	61	43	58	129	125	141	103		
Dysentery (Bacillary)	0	0	0	0	0	1	0	0		
Encephalitis (Epidemic)	4	0	2	4	0	2	0	0		
Food Poisoning	0	0	0	0	0	0	1	1		
German Measles	26	70	33	36	355	459	632	512		
Gonococcus Infection	100	120	126	122	79	106	100	86		
Influenza	143	178	159	111	55	61	61	42		
Jaundice (Epidemic)	1	1	0	0	0	0	0	1		
Leprosy	2	1	1	0	1	0	0	1		
Malaria	0	0	0	0	0	1	0	0		
Measles	54	46	70	59	172	243	301	187		
Meningitis (Epidemic)	17	30	22	20	4	5	6	6		
Mumps	297	445	547	504	247	306	347	368		
Ophthalmia Neonatorum	0	0	1	1	0	0	0	0		
Paratyphoid Fever	0	1	1	0	0	1	2	1		
Pellagra	1	2	1	0	0	0	1	1		
Pneumonia (Lobar)	97	91	114	99	64	90	66	64		
Poliomyelitis	2	2	0	3	7	8	3	3		
Rabies (Human)	0	0	0	1	0	0	0	0		
Rabies (Animal)	18	33	29	17	17	23	16	9		
Rocky Mt. Spotted Fever	0	0	0	0	0	0	0	0		
Scarlet Fever	415	568	534	507	240	201	206	189		
Smallpox	81	106	77	60	49	32	22	26		
Syphilis	159	125	221	151	93	95	159	145		
Tetanus	3	2	0	0	0	0	1	1		
Trachoma	3	3	1	2	4	3	4	4		
Trichinosis	0	0	1	0	0	0	0	0		
Tuberculosis	216	218	278	240	225	243	224	203		
Typhoid Fever	6	15	15	6	12	9	9	5		
Whooping Cough	175	222	211	259	142	168	167	139		
Totals	2417	3003	3200	2961	2468	2908	3288	2956		

Epidemic meningitis remains high; reports of twenty cases last week emphasize the importance of this severe disease.

Chickenpox, mumps and scarlet fever continue at high levels.